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SERIAL NUMBER 10/711,824	FILING OR 371(c) DATE 10/07/2004 RULE	CLASS 004	GROUP ART UNIT 3751	ATTORNEY DOCKET NO. 1501.01
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APPLICANTS

Robert I. Smith, Dunnellon, FL; *KAM*

** CONTINUING DATA *****

This appln claims benefit of 60/481,477 10/07/2003 *KAM*

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED** SMALL ENTITY **

** 11/18/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS DRAWING	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no <input type="checkbox"/> Met after	FL	3	5	1
Verified and Acknowledged	<i>KAM</i> Allowance Examiner's Signature	Initials			

ADDRESS

21901

TITLE

Toilet Evacuation System

FILING FEE RECEIVED 395	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following:	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit
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